

FILED FEB 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 590

BIRTH NO.		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY <u>Clinton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clinton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		c. LENGTH OF STAY (in this place) <u>3 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>		0251	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Community Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>West St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Catherine</u> b. (Middle) <u>H.</u> c. (Last) <u>Shay</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 17 - 51</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Dec 4 - 1862</u>	
9. AGE (In years last birthday) <u>88</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Platt Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lyon Shackelford</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Berry</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>720</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ed Shum</u> ADDRESS <u>Cameron</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - hypostatic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured hip</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>4 weeks</u> <u>522X F</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec. 22, 1950</u> , to <u>Jan. 17, 1951</u> , that I last saw the deceased alive on <u>Jan. 17, 1951</u> , and that death occurred at <u>5:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>Wm. M. Mosley</u>				23b. ADDRESS <u>Cameron Mo.</u>		23c. DATE SIGNED <u>1-18-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Kansas</u>	
DATE REC'D BY LOCAL REG. <u>1-22-51</u>		REGISTRAR'S SIGNATURE <u>Wm. M. Mosley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland T. Home</u>		ADDRESS <u>Cameron</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert F. Poland

Licensed Embalmer No.

4777

P. O. Address

*222 West 3rd
Cameron Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.